



Colorado Emergency Medical Services Provider Application for Initial and Renewal Certification

*This application is a matter of public record
There is no fee associated with initial or renewal certification*

The Application Instruction Guide is posted at www.coems.info. It contains detailed information for all required documentation, timelines and details for background checks and the application process.

Submit the following documents as listed below:

- ☐ Completed **Application** including a signed and dated **Affidavit of Lawful Presence/Application Attestation Statement** (page 3).
- ☐ Photocopy of your **Proof of Identification**
 - ☐ If mailing this application, use the form on page 4 to **notarize** your proof of identification.
 - ☐ If submitting this application in person, bring your identification **AND** a photocopy with you.
- ☐ Photocopies (front and back) of your **CPR card** (all levels) and **ACLS card** (EMT-I and Paramedic)
 - ☐ CPR/ACLS courses must be pre-approved by the Department. See website for a complete list.
 - ☐ A letter or course completion certificate from your course director may be substituted for front and back of the CPR/ACLS card(s). The letter must include program and course names and the date of the course.

If applicable, provide the following (in addition to items above)

- ☐ Legal documentation of any **name change** since your previous Colorado EMS Provider certification
- ☐ Court-issued documents detailing the final disposition of any/all criminal convictions or deferred sentences (except traffic)
- ☐ Official documents for every healthcare-related disciplinary action taken against you that detail the nature of the incident and its disposition

INFORMATION FOR PROVISIONAL CERTIFICATION ONLY

ONLY those applicants who are awaiting the results of their fingerprint-based background checks qualify for Provisional Certification. If you qualify and are applying for Provisional Certification, include the following (in addition to the items above):

- ☐ A certified check, cashier's check or money order in the amount of \$23.00, made payable to the "State of Colorado" (PLEASE NOTE: personal checks are not accepted)
- ☐ Name-based criminal history report(s) from every state you've lived within the past three years
 - ☐ Name-based reports(s) are **IN ADDITION** to the required fingerprint-based criminal history record check.
 - ☐ A name-based criminal history report from the Colorado Bureau of Investigation (CBI) is required if you have listed a Colorado address on your application.
 - ☐ You can find information regarding the process for obtaining name-based criminal history report(s) from other states at www.coems.info under the EMS Program tab.

Mailing Address:

CDPHE - EMT Certification
HFEMSD-A2
4300 Cherry Creek Drive South
Denver, CO 80246-1530

Physical Location for Application Delivery:

710 South Ash Street
Southeast entrance of building

Located on the Cherry Creek Campus
(4300 Cherry Creek Drive South)



Colorado Emergency Medical Services Provider Application for Initial/Renewal Certification

This information is a matter of public record.

Application Information

1. EMS Provider Level: ☐ EMT ☐ Advanced EMT ☐ EMT-Intermediate ☐ Paramedic
2. Certification Classification: ☐ Initial ☐ Renewal ☐ Change in Level *Certificates are issued for 3 years*
- 2a. If changing level, are you: ☐ Upgrading to Higher Level ☐ Downgrading to Lower Level
- 2b. Are you, or your spouse, currently serving in the Armed Services? ☐ Yes ☐ No
If Yes, please contact the EMTS office for certification assistance.
3. Colorado EMS Provider Number: _____ 3b. Expiration Date: ____/____/____
For Renewal or Change in Level
4. Current NREMT Number: _____ (required for initial applications)

Applicant Information

5. Date of Birth: ____/____/____ 6. Social Security #: ____-____-____
Social Security # is not required, but may expedite the processing of your application
7. Legal FIRST Name: _____ 8. Middle Initial: _____
9. Legal LAST Name: _____
- a. Is this a change since your last certification? ☐ Yes ☐ No
If Yes, previous name: _____
Legal documentation of name change is required -- ATTACH DOCUMENTATION to application
10. Home Mailing Address: _____
Your certificate will be mailed to this address -- PLEASE WRITE LEGIBLY
11. City: _____ State: _____ Zip: _____
12. Best Contact Phone #: ____-____-____ 13. Alternate #: ____-____-____
14. Email Address: _____
Email address will only be used for official communications with this office

Provisional Certification (Optional)

Are you requesting a Provisional (90-day) Certificate? ☐ Yes ☐ No
Please review eligibility restrictions for the Provisional Certificate in the Instruction Guide.
This certificate is issued for 90 days pending the results of your fingerprint-based criminal history record check.

15. Please complete the following:

- a. Date fingerprints submitted to CBI: _____
- b. Provisional Certification Fee enclosed: ☐ Certified Check ☐ Cashier's Check ☐ Money Order
Certified Check, Cashier's Check or Money Order # _____
- c. Name-based background checks included from these states: ____ ____ ____ ____ ____

DATE STAMP

FOR OFFICE USE ONLY

☐ Hold for Page _____

Reason? _____

Initial _____ Date _____

☐ Hold for CBI / FBI

Initial _____ Date _____

☐ Forward for review

Initial _____ Date _____

☐ Background Approved

Initial _____ Date _____

Initials: _____

Revised February 2013

PRINT First Name: _____ PRINT Last Name: _____

Continuing Education/Skills Competency Verification

Are you are an initial applicant or are you using NREMT to renew/upgrade? If Yes, skip to # 25.

If you are using **Continuing Education** to renew, this section must be completed by an authorized Program Representative of an approved Colorado Education Program.

Continuing Education Requirement*:

16. Education Requirement Completion Date: ____/____/____

17. Education Program #: ____ 18. Education Program Name: _____

19. Program Representative Printed Name: _____

20. Program Representative Signature: _____

**Signature indicates the candidate has completed the continuing education requirement as determined by the Department.*

Skills Competency Attestation*:

21. Skill Attestation Completion Date: ____/____/____ Education Program # _____

22. Education Program Name _____

23. Med. Dir./Program Rep. Printed Name _____

24. Med. Dir./Program Rep. Signature: _____ M.D. Lic. #: _____

**Signature indicates that the candidate is competent in skills for the respective level of certification.*

Background Information

25. List all states where you are or have been certified, licensed or registered as an EMS Provider. Do not include Colorado.

State: ____ Exp (Year): ____ State: ____ Exp (Year): ____ State: ____ Exp (Year): ____

If you answer "YES" to Questions 26, 27, 28 OR 29, official documentation must be provided at this time.

If documents have been submitted previously and there have been no changes, no further documentation is needed.

26. Have you ever been arrested or charged with a misdemeanor or felony (excluding traffic) in this or any other state or nation?

☐ Yes ☐ No

27. Have you ever been convicted of, pled guilty or no contest to, or received a deferred sentence for a misdemeanor or felony (excluding traffic) in this or any other state or nation?

☐ Yes ☐ No

28. Have you ever been or are you currently the subject of an investigation by any health care licensing jurisdiction?

☐ Yes ☐ No

29. Have you ever had any disciplinary action taken against you in connection with the performance of health care-related activities in this or any other state or nation?

☐ Yes ☐ No

PRINT First Name: _____ PRINT Last Name: _____

Fingerprint-Based Criminal History Record Check

-Initial Applicants: A fingerprint-based criminal history record check (submitted to the Colorado Bureau of Investigation) is required prior to issuing an EMS Provider certificate.

-Renewing Applicants: A finger-print based criminal history record check (prepared by the Colorado Bureau of -- Investigation) is required ONLY if you have lived out of the state at any time in the past three years.

-All applicants who have lived out of state at any time during the past 3 years **must** request a **CBI and FBI** fingerprint-based criminal history record check (submitted to the Colorado Bureau of Investigation). This is required prior to issuing a three year EMS Provider certificate.

30. Have you lived outside of Colorado any time during the past 3 years?

☐ Yes ☐ No

a. If Yes, when did you submit your request for a CBI/FBI fingerprint-based background check?

Date: _____

b. If NO, and you are an Initial Applicant, when did you submit your request for the required CBI fingerprint-based background check?

Date: _____

c. If NO, and you are RENEWING, there is no need to resubmit a request for a CBI fingerprint-based background check.

Affidavit of Lawful Presence and Attestation Statement

I, _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that:

_____ I am a United States citizen, OR

_____ I am a Permanent Resident of the United States, OR

_____ I am lawfully present in the United States pursuant to Federal Law

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503, and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

I attest that all information and documents provided by me in this application form are correct and true.

Additionally I understand that failure to provide complete and accurate information may result in denial of certification and/or disciplinary sanctions.

31. Signature (in ink): _____ Date Signed: ____/____/____

Optional Demographic Information

32. Gender: ☐ Male ☐ Female

33. Race/Ethnicity: ☐ Asian ☐ Black ☐ Hispanic ☐ Native American ☐ White ☐ Other

34. Type of Work: ☐ Paid ☐ Volunteer ☐ Both ☐ Not practicing

Proof of Identification/Lawful Presence

A PHOTOCOPY OF YOUR IDENTIFICATION is required for ALL APPLICANTS
See the Application Instruction Guide for list of acceptable forms of identification

-FOR MAIL-IN APPLICATIONS: Notarization of the photocopy is required – use this form

-FOR WALK-IN APPLICATIONS: Bring photocopy AND original identification document with you

place photocopy
of identification
here

State of _____, County (or City) of _____, I, _____,
 (Name of State) (County or City) (Name of Notary)

a Notary Public in and for said state, do certify that on _____, I carefully compared the original
 (Date)
 identification document with the attached facsimile of _____.
 (Type of Document)

The copy attached is a complete, full, true, and exact facsimile of the document it purports to reproduce.

Notary Seal/Stamp

 (Notary's official signature)

 (Commission expiration date)

Place copy of CPR card and
ACLS card (if required) here.
Please copy front and back of card(s).